

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	CID	DEP	CID	DEP	CID	DEP
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TOTAL IND.	6					
TOTAL DEP.	3					
TOTAL CLAIMS	9					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	CID	DEP	CID	DEP	CID	DEP
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